

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

7017

FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041401		2 PAGE # 1 of 8	
3 COMMITTEE NAME Friends Of Darlene Byrne 2000				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 98 San Jacinto Blvd Ste. 2000 Austin, TX 78701			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Stephen ----- NICKNAME LAST SUFFIX Adler			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 808 Nueces Austin, TX 78701			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 808 Nueces Austin, TX 78701			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 478-4995			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2008 THROUGH 12/31/2008			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year 11/06/2012 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME Friends Of Darlene Byrne 2000

ACCOUNT # (Ethics Commission filers)
00041401

13 COMMITTEE PURPOSE

(Attach list on plain paper to complete this report if necessary.)

☐ SUPPORT

☐ OPPOSE

☒ ASSIST
(officeholders only)

☐ CANDIDATE

☒ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

Darlene Byrne

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

126th Judicial District Court

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 680.47

4. TOTAL POLITICAL EXPENDITURES

\$ 9,853.05

CONTRIBUTION BALANCE

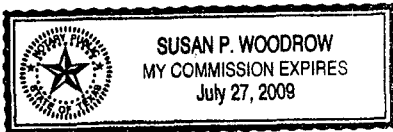
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 42,038.05

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

15 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Stephen Adler, this the 14th day of January, 2009, to certify which, witness my hand and seal of office.

Susan P. Woodrow
Signature of officer administering oath

Susan P. Woodrow
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
3 of 8**2** FILER NAME Friends Of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401**4** Date**5** Payee name

Adamski's Sugar Bush & Crafts

7Amount
(\$)

11/16/2008

6 Payee address; City; State; Zip CodeW10923 Winter Road
Antigo, WI 54409

\$467.63

8 Purpose of payment (See instructions regarding type of information required.)

Holiday gifts for staff

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Bacco

Amount
(\$)

09/26/2008

Payee address; City; State; Zip Code

310 Chartres St.
New Orleans, LA 70130

\$92.90

Purpose of payment (See instructions regarding type of information required.)

Meal: Model Court All Sites Conference - Nat. Council of Juv. -
and Fam. Cr. Judges** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Beauty Store and Salon

Amount
(\$)

12/12/2008

Payee address; City; State; Zip Code

3300 Bee Cave Road Ste 470
Austin, TX 78746

\$112.36

Purpose of payment (See instructions regarding type of information required.)

Holiday gifts for staff

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Durbin Bennett Peterson Tax Advisors LLP

Amount
(\$)

07/21/2008

Payee address; City; State; Zip Code

100 Congress Ave.
Ste. 1600
Austin, TX 78701

\$312.50

Purpose of payment (See instructions regarding type of information required.)

Accounting advise for ethics reporting and taxes

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
4 of 8**2** FILER NAME Friends Of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401**4** Date**5** Payee name

Durbin Bennett Peterson Tax Advisors,LLP

7 Amount
(\$)

11/19/2008

6 Payee address; City; State; Zip Code100 Congress Ave.,Ste. 1600
Austin, TX 78701

\$125.00

8 Purpose of payment (See instructions regarding type of information required.)

accounting advise for ethics report and tax advise

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Marriott Waterside

Amount
(\$)

07/27/2008

Payee address; City; State; Zip Code

235 E. Main St.
Norfolk, VA 23510

\$24.07

Purpose of payment (See instructions regarding type of information required.)

Meal: Annual Conference - Nat. Council of Juv. and Fam. Cr. -
Judges** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Marriott Waterside

Amount
(\$)

07/31/2008

Payee address; City; State; Zip Code

235 E. Main St.
Norfolk, VA 23510

\$819.24

Purpose of payment (See instructions regarding type of information required.)

Hotel Room for 5 nights: Annual Conference: Nat. Council of J -
uv. and Fam. Cr. Judges** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Nat. Council of Juv. and Fam. Cr. Judges

Amount
(\$)

08/22/2008

Payee address; City; State; Zip Code

P.O. Box 8970
Reno, NV 89507

\$195.00

Purpose of payment (See instructions regarding type of information required.)

Dues - Regular Council membership

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

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00041401**4** Date**5** Payee name

Nat. Council of Juv. and Fam. Cr. Judges

7Amount
(\$)

08/11/2008

6 Payee address; City; State; Zip CodeP.O. Box 8970
Reno, NV 89507

\$242.13

8 Purpose of payment (See instructions regarding type of information required.)

Founders Club membership

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Nat. Council of Juv. and Fam. Cr. Judges

Amount
(\$)

11/21/2008

Payee address; City; State; Zip Code

P.O. Box 8970
Reno, NV 89507

\$242.13

Purpose of payment (See instructions regarding type of information required.)

Founders Membership dues

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Nat. Council of Juv. and Fam. Cr. Judges

Amount
(\$)

12/15/2008

Payee address; City; State; Zip Code

P.O. Box 8970
Reno, NV 89507

\$105.00

Purpose of payment (See instructions regarding type of information required.)

Gala meal and activity expense of Council event

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Ozarka

Amount
(\$)

08/02/2008

Payee address; City; State; Zip Code

6661 Dixie Hwy, Ste. 4
Louisville, KY 40258

\$65.63

Purpose of payment (See instructions regarding type of information required.)

Water for court offices

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

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00041401**4** Date**5** Payee name

Ozarka

7Amount
(\$)

09/08/2008

6 Payee address; City; State; Zip Code6661 Dixie Hwy., Ste. 4
Louisville, KY 40258

\$60.00

8 Purpose of payment (See instructions regarding type of information required.)

Water for court offices

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ozarka

Amount
(\$)

09/22/2008

Payee address; City; State; Zip Code

6661 Dixie Hwy., Ste. 4
Louisville, KY 40258

\$57.41

Purpose of payment (See instructions regarding type of information required.)

Water for court offices

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ozarka

Amount
(\$)

10/27/2008

Payee address; City; State; Zip Code

6661 Dixie Hwy, Ste. 4
Louisville, KY 40258

\$57.25

Purpose of payment (See instructions regarding type of information required.)

water for court offices

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Pei Wei

Amount
(\$)

07/24/2008

Payee address; City; State; Zip Code

1000 E. 41st Street
Austin, TX 78751

\$54.34

Purpose of payment (See instructions regarding type of information required.)

Meal - staff luncheon - appreciation and going away luncheon

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
7 of 8**2** FILER NAME Friends Of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401**4** Date**5** Payee name

Shack, Edward

7Amount
(\$)

08/03/2008

6 Payee address; City; State; Zip Code814 San Jacinto Blvd., Ste. 202
Austin, TX 78701

\$1,725.00

8 Purpose of payment (See instructions regarding type of information required.)

Legal Advise for ethics report

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

State Bar of Texas

Amount
(\$)

09/05/2008

Payee address; City; State; Zip Code

P.O. Box 149335
Austin, TX 78714-9335

\$75.00

Purpose of payment (See instructions regarding type of information required.)

CPS CLE expenses for Oct., Nov. and Dec. brown bags lunche -
ons**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

The Woodland

Amount
(\$)

08/19/2008

Payee address; City; State; Zip Code

1716 Congress Ave.
Austin, TX 78704

\$53.47

Purpose of payment (See instructions regarding type of information required.)

Meal - Staff appreciation luncheon

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Things Remembered

Amount
(\$)

07/23/2008

Payee address; City; State; Zip Code

2901 Capital of Texas Highway
Barton Creek Mall
Austin, TX 78746

\$71.04

Purpose of payment (See instructions regarding type of information required.)

Staff Appreciation Gift - staff member leaving employ

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

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8 of 8**2** FILER NAME Friends Of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401**4** Date**5** Payee name:
Threadgills**7** Amount
(\$)

10/06/2008

6 Payee address; City; State; Zip Code
301 W. Riverside Drive
Austin, TX 78704

\$52.19

8 Purpose of payment (See instructions regarding type of information required.)

Meal: Staff appreciation luncheon

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
ThreadgillsAmount
(\$)

12/17/2008

Payee address; City; State; Zip Code
301 W. Riverside
Austin, TX 78703

\$63.29

Purpose of payment (See instructions regarding type of information required.)

Holiday meal - staff

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Travis County Democratic PartyAmount
(\$)

10/14/2008

Payee address; City; State; Zip Code
P.O. Box 684263
Austin, TX 78768-4263

\$4,100.00

Purpose of payment (See instructions regarding type of information required.)

Pro Rata Admin. Expenses for 2 years and Finance Council membership for 2 years

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐